

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

10984

FILED APR 14 1948

Registration District No.

Primary Registration District No.

Registrar's No.

875

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves

(c) Name of hospital or institution Webster College

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-Year 5-M.

(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Sister Christopher McCauley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.O.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 25th., 1881

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 8 8 hr. min.

9. Birthplace Ednia Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Religious

11. Industry or business _____

12. Name Peter J. McCauley

13. Birthplace Pa.

(City, town, or county) (State or foreign country)

14. Maiden name Mary Riley

15. Birthplace Ky.

(City, town, or county) (State or foreign country)

16. (a) Informant Sister Matthew Marie

(b) Address 470 E. Lockwood Ave.

17. (a) Burial (b) Date thereof 4-5-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director Arthur J. Hennelly

(b) Address 3840 Lindell Bldg.

19. (a) 4-5-48 (b) Charles J. Thompson

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Webster Groves

(d) Street No. 470 E. Lockwood Ave.

(If outside city or town limits, write "RURAL") (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 3rd year 1948 hour 9 minute 58 M.

21. I hereby certify that I attended the deceased from Mar 6 to Apr 1, 1948

that I last saw her alive on Apr 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Duration 24 hrs

Due to Cerebral anoxia secondary to source undetermined

Due to _____

Other conditions 55

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. C. Messer (M. D. or other) MD

Address 634 N. Grand Date signed 4/4/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.